

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

July 2, 2015

Public Health Preparedness and Situational Awareness Report: #2015:25 Reporting for the week ending 06/27/15 (MMWR Week #25)

CURRENT HOMELAND SECURITY THREAT LEVELS

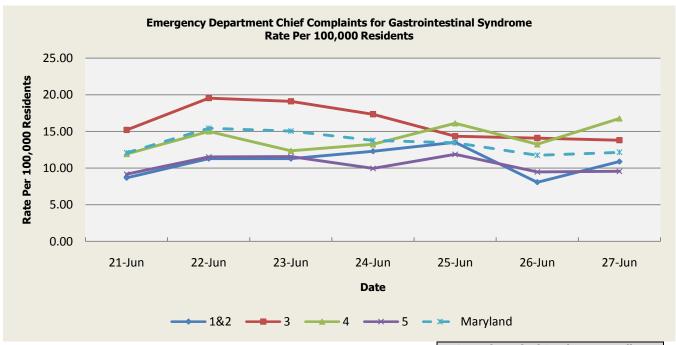
National: No Active Alerts

Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

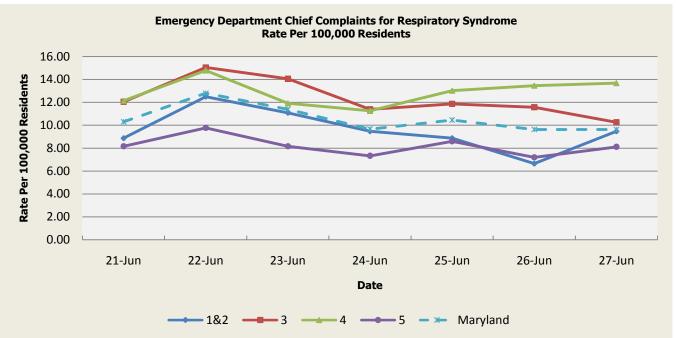
Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census.



There was one gastrointestinal illness outbreak reported this week: 1 outbreak of gastroenteritis/foodborne associated with a Restaurant (Region 3).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present									
Health Region	1&2 3 4 5 Maryland									
Mean Rate*	12.96 14.26 15.29 10.08 12.63									
Median Rate*	12.91									

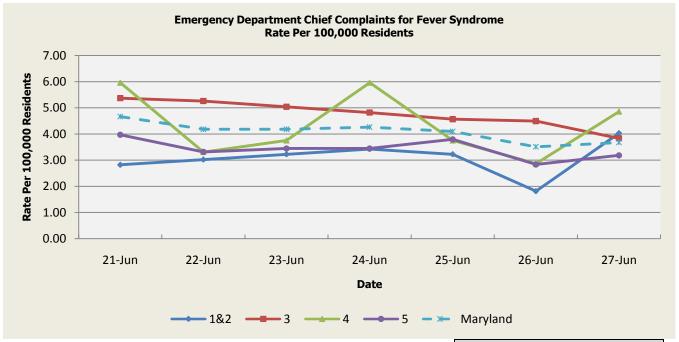
^{*} Per 100,000 Residents



There were no respiratory outbreaks reported this week.

	Respiratory Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2	3	5	Maryland					
Mean Rate*	11.98	13.42	13.77	9.63	11.88				
Median Rate*	11.70	12.90	13.25	9.26	11.46				

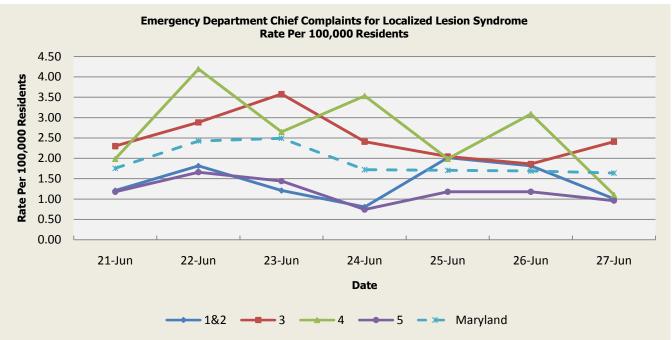
* Per 100,000 Residents



There were no fever outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present									
Health Region	1&2 3 4 5 Maryland									
Mean Rate*	3.13 3.64 3.88 3.03 3.38									
Median Rate*	3.02									

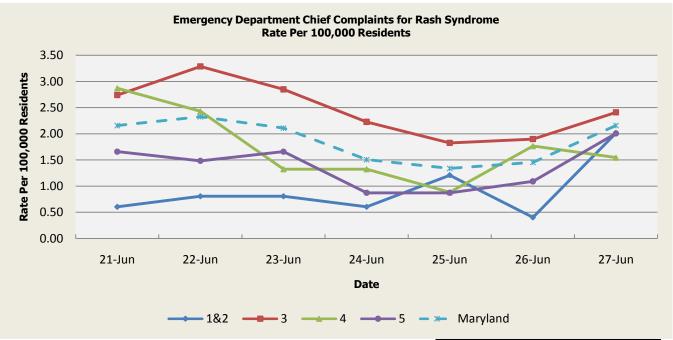
Per 100,000 Residents



There were no localized lesion outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	Maryland					
Mean Rate*	1.11	1.90	2.04	0.99	1.50		
Median Rate*	1.01	1.86	1.99	0.96	1.46		

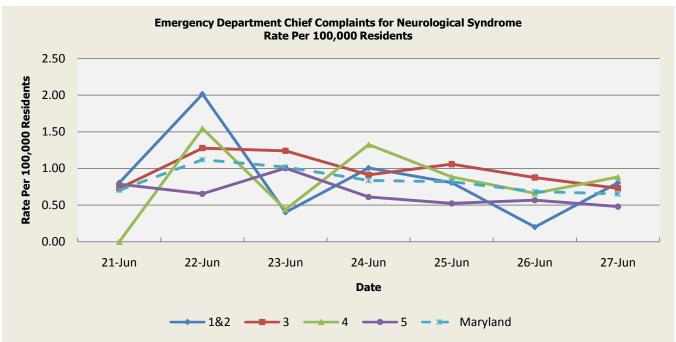
^{*} Per 100,000 Residents



There were no rash illness outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2 3 4 5 Marylan								
Mean Rate*	1.34 1.71 1.76 1.04 1.								
Median Rate*	1.21 1.64 1.77 1.00 1.38								

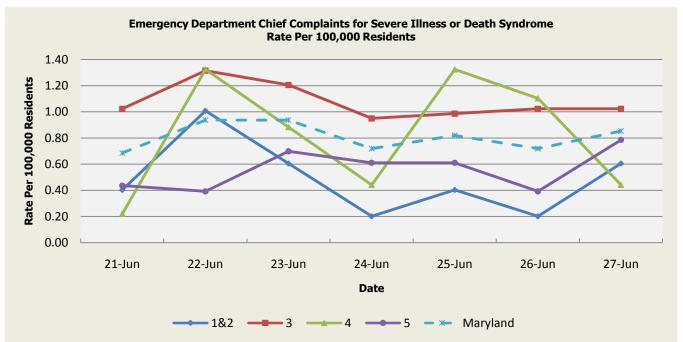
^{*} Per 100,000 Residents



There were no neurological outbreaks reported this week.

	Neur	Neurological Syndrome Baseline Data January 1, 2010 - Present							
Health Region	182 3 4 5 Maryland								
Mean Rate*	0.61 0.65 0.61 0.43 0.5								
Median Rate*	0.60	0.62	0.66	0.39	0.54				

^{*} Per 100,000 Residents

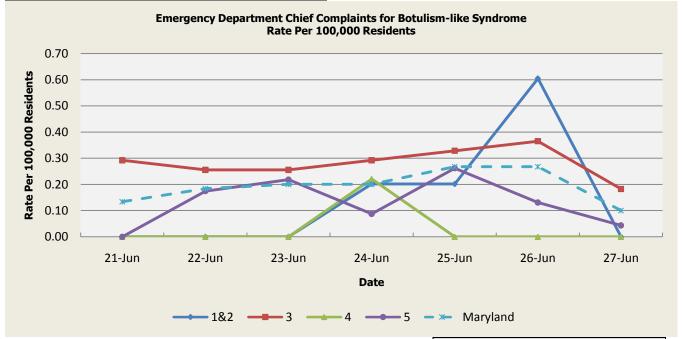


There were no severe illness or death outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2 3 4 5 Marylan								
Mean Rate*	0.75	0.95	0.88	0.41	0.72				
Median Rate*	0.81 0.95 0.88 0.39 0.72								

^{*} Per 100,000 Residents

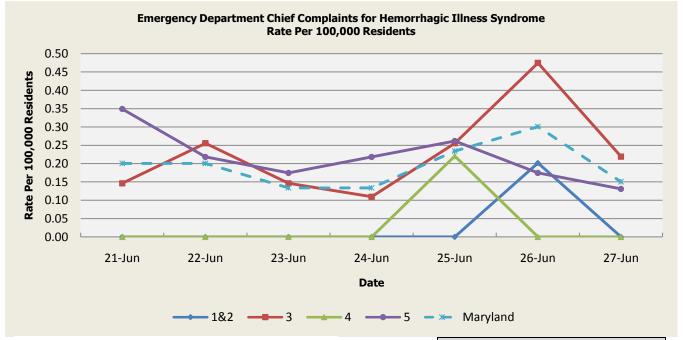
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 6/21 (Region 3), 6/22 (Regions 3,5), 6/23 (Regions 3,5), 6/24 (Regions 1&2,3,4), 6/25 (Regions 1&2,3,5), 6/26 (Regions 1&2,3,5), and 6/27 (Region 3). These increases are not known to be associated with any outbreaks.

		Botulism-like Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2	3	4	5	Maryland					
Mean Rate*	0.06	0.06	0.04	0.04	0.05					
Median Rate*	0.00	0.04	0.00	0.04	0.03					

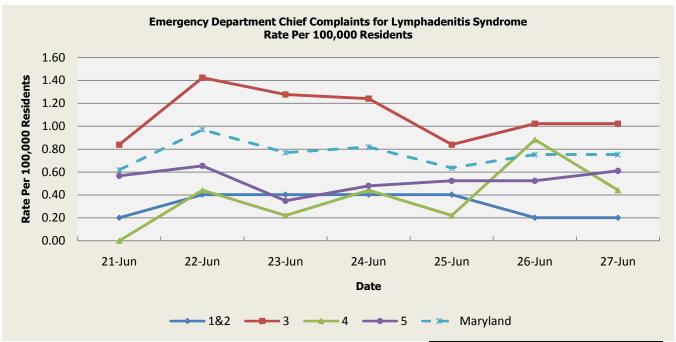
^{*} Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 6/21 (Regions 3,5), 6/22 (Regions 3,5), 6/23 (Regions 3,5), 6/24 (Region 5), 6/25 (Regions 3,4,5), 6/26 (Regions 1&2,3,5), and 6/27 (Regions 3,5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2 3 4 5 Man						
Mean Rate*	0.03	0.06	0.03	0.04	0.05		
Median Rate*	0.00	0.00	0.03				

^{*} Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 6/21 (Regions 3,5), 6/22 (Regions 3,5), 6/23 (Region 3), 6/24 (Region 3), 6/25 (Region 3), 6/26 (Regions 3,4), and 6/27 (Regions 3,5). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2	Maryland						
Mean Rate*	0.31	0.37	0.34	0.25	0.32			
Median Rate*	0.20	0.33	0.22	0.22	0.30			

^{*} Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

	Counts of Reported Cases‡						
Condition		June		Cumulat	ive (Year to	Date)**	
Vaccine-Preventable Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
Aseptic meningitis	33	28.6	27	150	181.6	195	
Meningococcal disease	0	0.4	0	1	4.2	4	
Measles	0	0.2	0	0	0.2	0	
Mumps	0	0.4	0	5	19.8	2	
Rubella	1	0.2	0	1	1	1	
Pertussis	1	15	9	42	78.6	65	
Foodborne Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
Salmonellosis	50	82.8	81	287	354	381	
Shigellosis	15	14.4	16	105	75.8	55	
Campylobacteriosis	41	61.8	58	250	257	244	
Shiga toxin-producing Escherichia coli (STEC)	4	6.6	7	37	26.8	25	
Listeriosis	2	0.6	1	6	4.6	5	
Arboviral Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
West Nile Fever	0	0	0	0	0	0	
Lyme Disease	78	249	250	281	585	573	
Emerging Infectious Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
Chikungunya	0	1	0	11	1.8	0	
Dengue Fever	0	0.6	0	3	3.2	3	
Other	2015	Mean*	Median*	2015	Mean*	Median*	
Legionellosis	5	18.4	15	39	54.4	57	

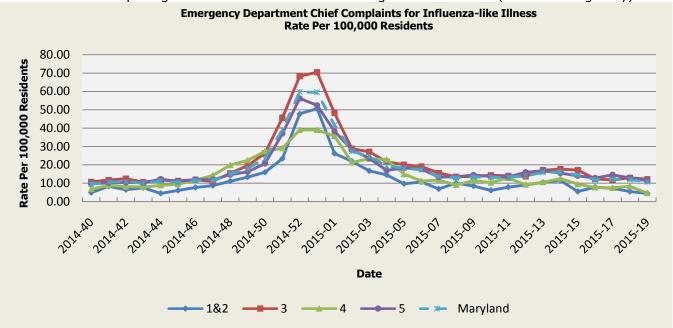
[‡] Counts are subject to change

^{*}Timeframe of 2009-2014

^{**}Includes January through June

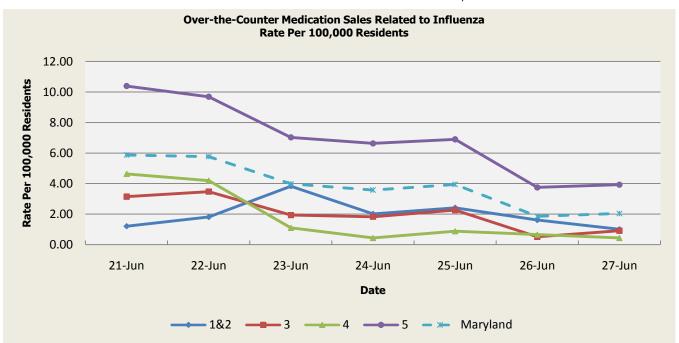
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 21 (October through May).



	Influenza-like Illness Baseline Data Week 1 2010 - Present								
Health Region	1&2 3 4 5 Maryl								
Mean Rate*	9.53 10.68 10.89 9.85 10.								
Median Rate*	7.86								

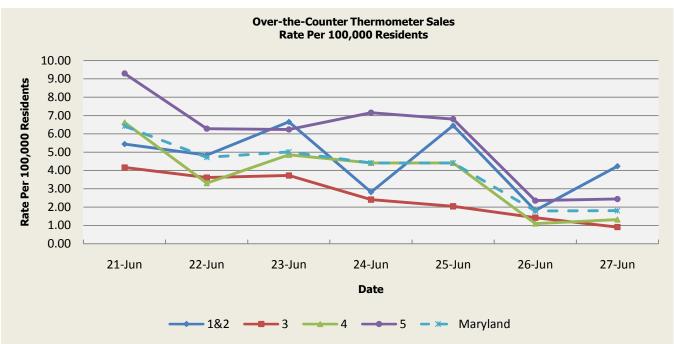
* Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC flu medication sales this week.

	OTC Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.45	6.14	3.05	13.98	8.85
Median Rate*	4.23	5.08	2.65	11.37	7.18

^{*} Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC thermometer sales this week.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.75	4.77	3.35	7.89	5.94
Median Rate*	5.04	4.38	3.09	7.29	5.51

^{*} Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a deescalation of activities towards those in the interpandemic phase may occur. As of <u>June 23, 2015</u>, the WHO-confirmed global total (2003-2015) of human cases of H5N1 avian influenza virus infection stands at 842, of which 447 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

Avian Influenza in Humans:

No avian influenza in humans reports this week.

There were no reports of human cases of avian influenza in the United States at the time that this report was compiled.

Avian Influenza in Poultry:

HPAI H5N1 (IRAN): 27 June 2015 Azerbaijan has suspended the import of poultry meat and products from Iran since 22 Jun 2015. Yolchu Khanveli, the representative of the State Veterinary Service at the Azerbaijan Agriculture Ministry, said Azerbaijan banned import of poultry and eggs from the Iranian province of Mazandaran, citing immediate public health concerns. Read More: http://www.promedmail.org/direct.php?id=3468990

HPAI H5N1 (USA-IOWA): 26 June 2015 After a very quiet 2nd week of June [2015] with no new cases of avian influenza or "bird flu" reported in Iowa, a 6th confinement in Wright County was found to be contaminated on 16 Jun 2015. One million egg-laying chickens had to be destroyed. Read More: http://www.promedmail.org/direct.php?id=3465885

NATIONAL DISEASE REPORTS

TULAREMIA (CO): 26 June 2015 Colorado health officials have recorded 11 human cases of tularemia since May 2015, putting the state on pace for one of the most widespread years for the disease in more than 2 decades. In 2014, the Colorado Department of Public Health and Environment [CDPHE] recorded 16 human cases, representing the 2nd highest number of cases since 1983 when there were 20. Before 2014, the previous average was fewer than 4 cases a year. Read More: http://www.promedmail.org/direct.php?id=3467769

INTERNATIONAL DISEASE REPORTS

MERS-COV (MULTI-COUNTRY): 30 June 2015 Read More:

http://www.promedmail.org/direct.php?id=3475176

EBOLA (LIBERIA): 1 July 2015 Liberian officials confirmed a 2nd Ebola case on Wed [1 Jul 2015] in the same town where the disease was detected days earlier on the corpse of a teenager, 7 weeks after the country was declared Ebola-free. The infected person was moved to Monrovia, said deputy health minister Tolbert Nyenswah. Read More: http://www.promedmail.org/direct.php?id=3478027

HAND, MOUTH, AND MOUTH DISEASE (CANADA): 30 June 2015 Yellowknife toddlers are catching hand, foot and mouth virus. A disease that can cause a painful rash, sores and dehydration is circulating in Sudbury, the health unit says. Hand, foot and mouth disease is not on the Ontario Reportable Disease list, so there's no way to know how many cases are in Sudbury, said Lisa Schell, the manager of clinical and family services with the health unit. Schell said the health unit has been receiving calls from concerned parents. Read More: http://www.promedmail.org/direct.php?id=3475303

CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA): 29 June 2015 The number of inhabitants of the Rostov region who contracted Crimean-Congo hemorrhagic fever (CCHF) after tick bites has reached 50 people. Read More: http://www.promedmail.org/direct.php?id=3472509

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the DHMH website: http://phpa.dhmh.maryland.gov/influenza/fluwatch/SitePages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.dhmh.md.gov/

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Rachel Gallo, MPH
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201

Office: 410-767-9647 Fax: 410-333-5000

Email: Rachel.Gallo@maryland.gov

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201

Office: 410-767-2074 Fax: 410-333-5000

Email: Anikah.Salim@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness		
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	mphadenitis (BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Dagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Region 5	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

